

THE BAHAMAS AGRICULTURE & MARINE SCIENCE INSTITUTE LTD. (BAMSI) Out Island Traders Building East Bay Street P. O. Box N-4940 Nassau, Bahamas APPLICATION FOR EMPLOYMENT

PERSONAL INFORM	IATION				DATE OF	APPLICATION	ON:
Name:	Last			First		Middle	
	Luot			1 1100		Middle	
Address:	04			// ~ 1,			D. O. Boy
	Street			(Apt))		P. O. Box
Date of Birth:				P	lace of Bir	th:	
Nationality:		National Insurance Number				umber	
Contact Information	: ()			()		
		Home 1e	elephone		Mobile		Email
Emergency Contact:							
	Last			First			Middle
Contact Information	: ()			()	(()
		Home Te	elephone		Mobile	!	Place of Employment
Fathers Name:				_ M	others Nam	ne:	
Profession:				. P	rofession_		
Phone Contact:				P	hone Conta	act	
POSITION SOUGHT:					- A v	vailable St	art Date:
Desired Pay Range:				Are	you currer	ntly emplo	yed?
EDUCATION	NAME		FROM		1.0041	r'ali	
	NAME		FROM	ТО	LOCAI	TION	DEGREE RECEIVED
High School							
College or University							

Specialized Training, Trade School, etc				
Other training, co	ertification or lic	enses held:		
Have you ever be	en arrested:	No ()	Yes () (if yes please explain)
Have you been coyears?	onvicted or plea	nded no conte	est to a felony wi	thin the last five
No ()	Yes ()	(if yes ple	ase explain)	
EMPLOYMENT H	ISTORY			
Please list beginning	from most recent			
Company Name	Dates Er	nployed	Address	Position
Responsibilities:				
Reason for leaving:			May we contact	them? Yes () No ()
Previous Salary				
Company Name	Dates Er	nployed	Address	Position
Responsibilities:				1

Reason for leaving:		May we contact th	May we contact them? Yes () No ()		
Previous Salary					
Company Name	Dates Employed	Address	Position		
Responsibilities:					
_		-	hem? Yes () No (
Previous Salary					
Company Name	Dates Employed	Address	Position		
Responsibilities:					
Reason for leaving:		May we contact the	m? Yes() No()		
Previous Salary					
May we contact your j	oresent employer Ye	s () No ())		
Give the names of three	e (3) persons who can atte	st to your character.			
NAME	COMPANY	POSITION	TELEPHONE NUMBER (S)		

Do you have Computer Sk	ills? Yes ()	No ()
List software knowledge:_		
Additional Skills and Awa	ırds:	
Hobbies:		
authorize investigation of	all statements contain derstand that false or	and complete to the best of my knowledge and I ned in this application for employment; and in the r misleading information given in my application mination.
Signature		Date
INTERVIEWER'S COMM	MENTS:	
Interviewer's Signa	ature	Date
Required Documents:	Copy of Passport	ord (not later than six months of the application) t or Voter's Card rd (issued in the SBahamas only)

Three (3) Written Character References

Copies of Certificate(s), Diploma, Degree (s) (Please bring originals for Validation)

Medical Certificate including information on any non-

communicable diseases